

# **Commonwealth of Kentucky**

Cabinet for Health and Family Services



**eKASPER**

## **Institutional Account Delegate Process**

**Version 2.0**  
**May 28, 2013**

eKASPER	Version: 2.0
Institutional Account Delegate Process	Issue Date: 05/24/2013

Date	Version	Request #	Description	Author
05/02/2013	1.0		Initial Draft	Amanda Hudson
05/24/2013	2.0		Revised Draft	Amanda Hudson

Sign-Off			
Sign-off Level	Date	Name	Signature
Level 1			
Level 2			
Level 3			

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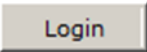
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## Introduction

Kentucky Statutes and Regulations allow the establishment of eKASPER institutional accounts and allow the eKASPER institutional master account holder to establish one or more delegate accounts who may request eKASPER reports on behalf of the institution. This document provides step by step instructions for delegate use within the eKASPER application.

## 1.0 Delegate User Functionality

### 1.1 User Login

Enter the username and password that was received via email. Click the  button.

### 1.2 Change Password

The password sent via email is temporary and must be changed immediately upon logging in. The new password must be at least 5 characters in length, have an upper case letter, a lower case letter, a special character, and a number. The password will expire every 90 days.

Click the  button.

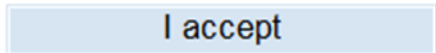
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### 1.3 Password Reset Questions

The Password Reset Questions are required; however the answers do not have to correspond to the questions. You can choose any answer you want, but need to remember the answer you enter to identify yourself to the system when requesting an automatic password change. The answers are case sensitive.

Click the  button.

### 1.4 Terms and Conditions for Authorized Use of eKASPER

Click the  button.

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Request Report

Status of Requests

Request Report - For Single Patient

\* Required Field

Patient / Subject Details

First Name \*

Patrick

Last Name \*

Smith

ID Type

SSN

SSN \*

123-03-0001

DOB(mm/dd/yyyy) \*

12/19/1986

[Click here for Aliases](#)

Patient / Subject Address Info

Address \*

1245 My Way

City \*

Frankfort

State

KY

Zip Code

40601

[Click here for Other Addresses](#)

Report Details (Date in mm/dd/yyyy format)

From Date \*

05/14/2012

To Date \*

05/14/2013

Other States ([Help](#))

☐ AL  
☐ IN  
☐ OH  
☐ MI  
☐ SC

A separate request must be submitted for Alabama data

Request For

KASPER-IA, JOHN G

Facility

\_UK EMERGENCY ROOM, 85927022

☒ Email Notification

Submit

Reset

## 1.5 Request Report- For Single Patient

All fields marked with an asterisk \* are required, which include:

1. First Name
2. Last Name
3. SSN (9 numeric digits must be entered)
4. DOB (Date in mm/dd/yyyy format)
5. Address
6. City
7. From Date (Date in mm/dd/yyyy format)
8. To Date (Date in mm/dd/yyyy format)

### 1.5.1 Selecting a Master Account Holder

Choose the correct Master Account Holder (the person the delegate is requesting the report for) under

the 'Request For' drop down: KASPER-IA, JOHN G

### 1.5.2 Facility Selection

Choose the correct facility under the Facility drop down:

\_UK EMERGENCY ROOM, 85927022

### 1.5.3 Other States

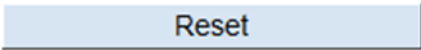
To include data from other states check the box that corresponds to that state. You can choose IN, OH, MI, SC, and AL. (Additional states will be included as we establish linkage with their systems.) A separate request must be submitted for Alabama data. All other states can be checked simultaneously.

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### 1.5.4 Email Notification

The email notification check box ☒ **Email Notification** must be checked to receive an email notification when each report is available. Contact the eKASPER technical help desk at 502-564-2703 if you have issues with this functionality.

### 1.5.5 Reset

If the information entered is incorrect you can erase the information and start over by clicking the  button.

### 1.5.6 Report Submission


Verify that the information entered is correct. Click the  button.

<b>Request Report</b>	<b>Confirmation of Request Report</b>
<b>Status of Requests</b>	Your request for KASPER report has been submitted successfully.
	975287 is your Request Number. You will receive an email notification at mary.institutions@aol.com.
	<a href="#">Click here to request another report</a>

## 1.6 Confirmation

A confirmation will appear after a report has been successfully submitted. To request another report click the [Click here to request another report](#) link.

## 1.7 Status of Requests

To search for a requested report click the  link.

<b>Request Report</b>	<b>Status of Requests</b>							
<b>Status of Requests</b>	Search by Request Number Request # <input type="text"/>							
	(OR) Search by Patient/Subject Information First Name <input type="text"/> Last Name <input type="text"/> Date of Birth <input type="text"/>							
	<input type="button" value="Search"/>	<input type="button" value="Reset"/>	<input type="checkbox"/> Show other delegate requests					
	<b>List of Request Status</b>							
	Req# ±	Date Requested ±	Patient Info ±	No of Rec	Status ±	Reason	Requested By	Archive <input type="checkbox"/>
	975287	05/23/2013	Smithq, Patrick, 12/15/1986	0	<b>Ready</b>		INSTITUTIONS, MARY	<input type="checkbox"/>
	1							
	<input type="button" value="Archive"/>							


**Please Note:** If the report requested is not in the List of Request Status you must search for the report by Request # or with the patient's first name, last name and DOB. The Status of Requests screen may be used to view report requests for all delegates under the same facility and master account holder.

### 1.7.1 to View a Report

Click the [Ready](#) link to generate a PDF of the requested report.

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The PDF generated should contain the following information. (This sample report is for illustration purposes and does not contain any patient records.)



CABINET FOR HEALTH AND FAMILY SERVICES  
Commonwealth of Kentucky  
275 East Main Street  
Frankfort, KY 40621-0001

Drug Enforcement Branch - KASPER  
Patient Controlled Substance Report  
Between **05/14/2012** and **05/14/2013**

Requestor Name : KASPER-IA, JOHN G  
Request # : 975287

Patient Name: Smithq, Patrick      SSN: 123-03-0001      DOB: 12/15/1986

Date Filed	Drug Name	Patient DOB	Qty	Days	Prescriber Name	Prescriber City	Pharmacy Name	Pharmacy City	Reported To

No records were found for the date range or information provided. If you feel this is in error you may wish to take one or more of the following action(s):

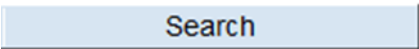
(1) Request the report again, providing more specific criteria (SSN, DOB, Alias or Additional Address) and/or expanding the date range beyond the requested time period.

(2) Contact the Drug Enforcement and Professional Practices Branch for additional information at (502) 564-2815.

### 1.7.2 Archiving a Report

To remove a report from the list check the Archive box  and click the  button. All reports will be automatically archived after 7 days.

### 1.7.3 Other Delegate Reports

To view all the reports requested on the behalf of the Master Account Holder check the ☒ **Show other delegate requests** box and click the  button.

The screen will refresh and show all reports requested in the last seven days by the delegates of the specified Master Account Holder.

Request Report

Status of Requests

**Search by Request Number**

Request #

**(OR) Search by Patient/Subject Information**

First Name  Last Name  Date of Birth

☒ Show other delegate requests

**List of Request Status**

Req# ±	Date Requested ±	Patient Info ±	No of Rec	Status ±	Reason	Requested By	Archive <input type="checkbox"/>
975290	05/24/2013	Meredith, Cassie, 04/16/2002	0	Ready		JOHNSON, MEREDITH	<input type="checkbox"/>
975287	05/23/2013	Smithq, Patrick, 12/15/1986	0	Viewed		INSTITUTIONS, MARY	<input type="checkbox"/>

1



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### 1.7.4 Removing Other Delegate Reports

The screen shot above now shows the reports requested by Meredith Johnson and Mary Institutions. To reverse the listing, click the ☐ [Show other delegate requests](#) box again to remove the check mark and click the [Search](#) button.

## 1.8 Requesting Another Report

To request another report click the [Request Report](#) link.

## 1.9 How to Log Out of eKASPER

To log out of the eKASPER system click the [Log Out](#) link in the upper right hand corner of the eKASPER application.

**Kentucky.gov** **eKASPER (10.2)** **KY Agencies | KY Services**

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KENTUCKY ALL SCHEDULE PRESCRIPTION ELECTRONIC REPORTING

**Status of Requests**

**Request Report**  
**Status of Requests**

**Search by Request Number**  
Request #

**(OR) Search by Patient/Subject Information**  
First Name  Last Name  Date of Birth

☒ Show other delegate requests

Req# ± ±	Date Requested ± ±	Patient Info ± ±	No of Rec	Status ± ±	Reason	Requested By	Archive
975290	05/24/2013	Meredith, Cassie, 04/16/2002	0	Ready		JOHNSON, MEREDITH	<input type="checkbox"/>
975287	05/23/2013	Smithg, Patrick, 12/15/1986	0	Viewed		INSTITUTIONS, MARY	<input type="checkbox"/>

**1**

[Contact](#) [Log Out](#)